

| CLAIMS ONLY | | | | | | | Application Number 10813529 | | Filing Date | | | |
|-------------|----------|--------|-----------------------|--------|------------------------|--------|---|--------|-------------|--------|-------|--------|
| | | | | | | | Applicant(s) | | | | | |
| | | | | | | | * May be used for additional claims or amendments | | | | | |
| CLAIMS | AS FILED | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | | * | | * | | * | |
| | Indep | Depend | Indep | Depend | Indep | Depend | Indep | Depend | Indep | Depend | Indep | Depend |
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10813529

Filing Date

Applicant(s)

* May be used for additional claims or amendments

| CLAIMS | AS FILED | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | |
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| Total Indep | 3 | | | | | |
| Total Depend | 15 | | | | | |
| Total Claims | 18 | | | | | |

| * May be used for additional claims or amendments | | | | | | |
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